

PROGRAMS SERVING MINORS

DROP OFF & PICK UP AUTHORIZATION

I. *Personal Information* (please print)

Child's Name: _____

Primary Phone: _____ **Secondary Phone:** _____

II. *Authorized Pick Up*

Please list any individual who is authorized to drop off and pick up your child, **including yourself**. Authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. **AT LEAST ONE PERSON MUST BE LISTED.** Authorized individuals must pick up the child in person and may be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible person(s) to pick up my child from the program (attach additional pages as needed):

Authorized Person	Phone Number	Relationship to Child
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program members will contact the local police department as a last resort to take your child home. If you are not at home, your child will be released to the Division of Family and Children Services.

Signature of Parent or Guardian: _____

Parent or Guardian Printed Name*: _____

III. *Authorized Dismissal*

My child is at least 16 years of age and will be responsible for his/her own transportation to and from the program. My child may sign himself/herself out at the end of the program activities.

Signature of Parent or Guardian: _____

Parent or Guardian Printed Name*: _____